FORM 2X

## **AME**

Last Name	Attach copy of Origi  Your First Name & Middle Initial				Your Social Security No.			S00	
Spouse's Last Name if different Spou		pouse's First Name & Middle Initial			Spouse's Social Security No.			Notice: See back for special Instructions	
Address	Cit	City			State Zip Code +4		for tax year 199		
Single Married fil		I THE CHANG		BACK OF TH d both filing	Married filing	<b>—</b>			
Filing Status 1 2 joint return		form	4 separate re on separate		5 separate return and spouse is	not filing	6 Head of Househo	ld	
This form must be filled out completely	/	AS FILED or LA	ST CORRECTE	NET	CHANGE	AS	AMENDED		
INCOME AND DEDUCTIONS		COLUMN A for yourself, joint separate or single	COLUMN B (spouse)	COLUMN A Increase or Decrease	COLUMN B Increase or Decrease	COLUMN A yourself, jo separate or s	oint (sp	JMN B ouse)	
Federal Adjusted Gross Income	1								
. Additions to income	2								
Reduction of income	3	. (	( )			(	) (	)	
4. Montana adjusted gross income (1+	2-3) 4								
Deductions—(itemized or standard)	5								
Subtract line 5 from 4	6								
Enter exemption deduction	7								
8. Taxable income (subtract line 7 from	line 6) 8								
TAX LIABILITY									
Tax liability from tax table	9								
Tax on lump sum distribution	10								
11. Subtotal, add lines 9 and 10	11								
Allowable credits	12								
13. Subtotal, subtract line 12 from line	11 13								
Investment credit recapture from Form F	RIC 14								
Old Fund Liability Tax *See below	15								
16. Total tax, add lines 13, 14 and 15.									
Contributions to other programs (list)									
18. Total of lines 16 and 17									
Combine amounts on line 18 columns		1							
Montana tax withheld									
Payments and credits on Estimated Ta									
Elderly Homeowner/Renter Credit from Fo									
23. Total of lines 20 through 22									
Combine amounts on line 23, columns									
Amount paid with original return, plus a					-		1		
26. Total of line 25 plus line 24 as amer	nded						26.		
Total refund(s) received for year amend	ina		OR BALAN				27		
28. Subtract line 27 from line 26 and enter result									
29. <b>REFUND</b> to be received. If line 28 is more than line 19, enter the difference							∠J.		
31. <b>TAX DUE</b> . If line 28 is less than line							31		
Interest computed on amount shown or			-				32.		

Make checks payable to the Department of Revenue

For TAX DUE Mail to: Montana Department of Revenue PO Box 6308 Helena, MT 59604-6308

For REFUND Mail to: Montana Department of Revenue PO Box 6577 Helena, MT 59604-6577

Name, Address, and Telephone Number of Preparer

\*OFLT no longer exists for years 1999 and beyond.

Post dated checks will be returned

I, the undersigned, declare under the penalties of false swearing, that I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is a true, correct, and complete return made in good faith.

Your Signature Date Date (Daytime) Telephone Number Signature of Spouse

33.

Last Name and Initial	Social Security Number	Year Amending

**NOTE:** When filing an amended tax return, it is required that you complete the explanation section of this form. You must also attach revised federal and state tax forms, schedules, and worksheets. If amending to change your filing status from joint to separate, attach a detailed breakdown showing the allocation of income and deductions between spouses. Omitting any of this information will delay the processing of your amended return.

It is recommended that you attach a copy of your original return. This will help speed up the processing of your amended return.

## **INSTRUCTIONS FOR FORM 2X**

This form is to be used by all individuals who are changing an original Montana Income Tax Return. When completing this return use the instructions which pertain to the year you are amending. Be sure to give a detailed explanation of the reason for the change and attach applicable schedules.

NEW A new law enacted by the 1999 Montana legislature requires that taxpayers file an amended Montana income tax return if the federal government changes the taxpayer's federal taxable income. The amended return must identify the federal adjustments and must recalculate Montana tax for the year adjusted. Taxpayers must file the Montana amended return within 90 days of receiving the Internal Revenue Service's notification of the corrections made to the federal return

Return Line	Column A	Column B	
Number	Amount	Amount	Explanation

**NOTE:** If your original 1994 return was timely filed, the Department may make an adjustment to recalculate the Excess Tax Refund.

Processing of amended returns takes longer than the processing of current year returns. Current year returns receive processing priority.